

Indiana Department of RevenueFacility Information

| | Tacinty information | |
|---|---|--------------------|
| Facility Name | | |
| Facility Address or Location | | |
| City | State | Zip Code |
| Phone Number () | | |
| County | Title III ID # (issu | aed by IDEM) |
| Category Code (Check 1 box only) | A (\$200.00) B (\$100.00) | C (\$50.00) Exempt |
| New Facility | Existing Facility Omitted from Scho | edule A 🔲 |
| Facility Name | | |
| Facility NameFacility Address or Location | | |
| City | | |
| Phone Number () | | |
| County | | ned by IDEM) |
| Category Code (Check 1 box only) | A (\$200.00) B (\$100.00) | C (\$50.00) Exempt |
| New Facility | Existing Facility Omitted from Sche | edule A 🔲 |
| Facility Name | | |
| Facility Address or Location | | |
| City | | |
| Phone Number () | | |
| County | | ned by IDEM) |
| Category Code (Check 1 box only) | A (\$200.00) B (\$100.00) | C (\$50.00) Exempt |
| New Facility | Existing Facility Omitted from Schedule A | |
| Facility Name | | |
| Facility Address or Location | | |
| City | | |
| Phone Number () | | |
| County | | ned by IDEM) |
| Category Code (Check 1 box only) | A (\$200.00) B (\$100.00) | C (\$50.00) Exempt |
| New Facility | Existing Facility Omitted from Schedule A | |